

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	3		3			
5	3		3			
6	3		3			
7	1		3			
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43	1		4			
44	1		4			
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46	1		4			
47	1		4			
48	1		4			
49	1		4			
50	1		4			
TOTAL IND.			7			
TOTAL DEP.			141			
TOTAL CLAIMS			141			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	1		1	3		3		
52	1		1	3		3		
53	1		1	3		3		
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* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS